



General Assembly

***Amendment***

*January Session, 2005*

LCO No. **5976**

**\*SB0003005976SR0\***

Offered by:  
SEN. HERLIHY, 8<sup>th</sup> Dist.

To: Subst. Senate Bill No. **30**

File No. 187

Cal. No. 190

***"AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR  
BREAST CANCER SCREENING."***

1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. Section 38a-504 of the general statutes is repealed and the  
4 following is substituted in lieu thereof (*Effective October 1, 2005*):

5 (a) Each insurance company, hospital service corporation, medical  
6 service corporation, health care center or fraternal benefit society  
7 which delivers or issues for delivery in this state individual health  
8 insurance policies providing coverage of the type specified in  
9 subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469, shall  
10 provide coverage under such policies for the surgical removal of  
11 tumors and treatment of leukemia, including outpatient  
12 chemotherapy, reconstructive surgery, cost of any nondental  
13 prosthesis including any maxillo-facial prosthesis used to replace  
14 anatomic structures lost during treatment for head and neck tumors or  
15 additional appliances essential for the support of such prosthesis,

16 outpatient chemotherapy following surgical procedure in connection  
17 with the treatment of tumors, and a wig if prescribed by a licensed  
18 oncologist for a patient who suffers hair loss as a result of  
19 chemotherapy. Such benefits shall be subject to the same terms and  
20 conditions applicable to all other benefits under such policies.

21 (b) Except as provided in subsection (c) of this section, the coverage  
22 required by subsection (a) of this section shall provide at least a yearly  
23 benefit of five hundred dollars for the surgical removal of tumors, five  
24 hundred dollars for reconstructive surgery, five hundred dollars for  
25 outpatient chemotherapy, three hundred fifty dollars for a wig and the  
26 greater of three hundred dollars or the amount allowed in section 503  
27 of this act for prosthesis, except that for purposes of the surgical  
28 removal of breasts due to tumors the yearly benefit for prosthesis shall  
29 be at least three hundred dollars for each breast removed.

30 (c) The coverage required by subsection (a) of this section shall  
31 provide benefits for the reasonable costs of reconstructive surgery on  
32 each breast on which a mastectomy has been performed, and  
33 reconstructive surgery on a nondiseased breast to produce a  
34 symmetrical appearance. Such benefits shall be subject to the same  
35 terms and conditions applicable to all other benefits under such  
36 policies. For the purposes of this subsection, reconstructive surgery  
37 includes, but is not limited to, augmentation mammoplasty, reduction  
38 mammoplasty and mastopexy.

39 Sec. 502. Section 38a-542 of the general statutes is repealed and the  
40 following is substituted in lieu thereof (*Effective October 1, 2005*):

41 (a) Each insurance company, hospital service corporation, medical  
42 service corporation, health care center or fraternal benefit society  
43 which delivers or issues for delivery in this state group health  
44 insurance policies providing coverage of the type specified in  
45 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 shall provide  
46 coverage under such policies for treatment of leukemia, including  
47 outpatient chemotherapy, reconstructive surgery, cost of any

48 nondental prosthesis, including any maxillo-facial prosthesis used to  
49 replace anatomic structures lost during treatment for head and neck  
50 tumors or additional appliances essential for the support of such  
51 prosthesis, outpatient chemotherapy following surgical procedures in  
52 connection with the treatment of tumors, a wig if prescribed by a  
53 licensed oncologist for a patient who suffers hair loss as a result of  
54 chemotherapy, and costs of removal of any breast implant which was  
55 implanted on or before July 1, 1994, without regard to the purpose of  
56 such implantation, which removal is determined to be medically  
57 necessary. Such benefits shall be subject to the same terms and  
58 conditions applicable to all other benefits under such policies.

59 (b) Except as provided in subsection (c) of this section, the coverage  
60 required by subsection (a) of this section shall provide at least a yearly  
61 benefit of one thousand dollars for the costs of removal of any breast  
62 implant, five hundred dollars for the surgical removal of tumors, five  
63 hundred dollars for reconstructive surgery, five hundred dollars for  
64 outpatient chemotherapy, three hundred fifty dollars for a wig and the  
65 greater of three hundred dollars or the amount allowed in section 504  
66 of this act for prosthesis, except that for purposes of the surgical  
67 removal of breasts due to tumors the yearly benefit for prosthesis shall  
68 be at least three hundred dollars for each breast removed.

69 (c) The coverage required by subsection (a) of this section shall  
70 provide benefits for the reasonable costs of reconstructive surgery on  
71 each breast on which a mastectomy has been performed, and  
72 reconstructive surgery on a nondiseased breast to produce a  
73 symmetrical appearance. Such benefits shall be subject to the same  
74 terms and conditions applicable to all other benefits under such  
75 policies. For the purposes of this subsection, reconstructive surgery  
76 includes, but is not limited to, augmentation mammoplasty, reduction  
77 mammoplasty and mastopexy.

78 Sec. 503. (NEW) (*Effective October 1, 2005*) Each individual health  
79 insurance policy providing coverage of the type specified in  
80 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general

81 statutes delivered, issued for delivery, amended, renewed or  
82 continued in this state on or after October 1, 2005, shall provide  
83 coverage for prosthetic devices that, at a minimum, equals the  
84 coverage and payment for prosthetic devices provided under federal  
85 laws and regulations for the aged and disabled pursuant to 42 USC  
86 1395k, 42 USC 1395l, 42 USC 1395m and 42 CFR 414.202, 42 CFR  
87 414.210, 42 CFR 414.228 and 42 CFR 410.100, except that in no event  
88 shall such coverage be less than the coverage provided in section 38a-  
89 504 of the general statutes, as amended by this act. Coverage shall be  
90 provided for a prosthetic device determined by the insured's provider  
91 to be the most appropriate to meet the medical needs of the insured.

92 Sec. 504. (NEW) (*Effective October 1, 2005*) Each group health  
93 insurance policy providing coverage of the type specified in  
94 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
95 statutes delivered, issued for delivery, amended, renewed or  
96 continued in this state on or after October 1, 2005, shall provide  
97 coverage for prosthetic devices that, at a minimum, equals the  
98 coverage and payment for prosthetic devices provided under federal  
99 laws and regulations for the aged and disabled pursuant to 42 USC  
100 1395k, 42 USC 1395l, 42 USC 1395m and 42 CFR 414.202, 42 CFR  
101 414.210, 42 CFR 414.228 and 42 CFR 410.100, except that in no event  
102 shall such coverage be less than the coverage provided in section 38a-  
103 542 of the general statutes, as amended by this act. Coverage shall be  
104 provided for a prosthetic device determined by the insured's provider  
105 to be the most appropriate to meet the medical needs of the insured."